

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003444

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** HIGHLAND COMMERCIAL PLACE ASSOCIATION, INC.

**Current Principal Place of Business:**

212 E. HIGHLAND DRIVE  
201  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

212 E. HIGHLAND DRIVE  
201  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALL, H LEE CPA  
212 E. HIGHLAND DRIVE  
201  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALL, H LEE  
Address: 212 E. HIGHLAND DRIVE # 201  
City-St-Zip: LAKELAND, FL 33813

Title: VD  
Name: RODDA, JOHN A  
Address: 250 HIGHLAND DR EAST  
City-St-Zip: LAKELAND, FL 33813

Title: VD  
Name: MONTE, SAM A  
Address: 210 HIGHLAND DR EAST  
City-St-Zip: LAKELAND, FL 33813

Title: SD  
Name: WALL, H LEE  
Address: 212 E. HIGHLAND DRIVE #201  
City-St-Zip: LAKELAND, FL 33813

Title: TD  
Name: RODDA, JOHN A  
Address: 250 HIGHLAND DR EAST  
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: H. LEE WALL

PD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date